

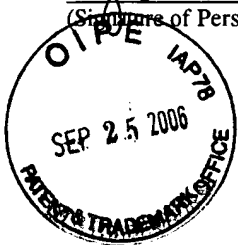
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage, as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 20 September 2006

Jeannie Camara

(Typed or Printed Name of Person Transmitting Paper or Fee)

Jeannie Camara

(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. SUN03-0041

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Kenny C. Gross et al.) Examiner: Bonura, Timothy M.
Serial No. 10/777,532) Group Art Unit: 2114
Filing Date: 11 February 2004)
Title: DETECTING AND CORRECTING A)
FAILURE SEQUENCE IN A COMPUTER)
SYSTEM BEFORE A FAILURE OCCURS)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 13 September 2006.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.


☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$50 =	
Independent Claims		MINUS = 3	0	x \$200 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$___ is enclosed.
- ☐ Charge \$___ to Deposit Account No. ___ (Docket No. ___).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN03-0041).

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Respectfully submitted,

By 
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Date: 20 September 2006